FCC Form 2301(b)	Estimated Time Per Response: 5 Hours	
Inmate Calling Services Annual Certification Form		
innate canning between Annual Certification Form		
Please Read Instructions Before Completing	(To Be Completed by	Service Provider)
1. Name of Service Provider	2. Reporting Year	
CenturyLink Public Communications, Inc.	2016	
3. Officer Name, Title		
Paul Cooper, VP/GM		
4. Mailing Address of Officer 600 New Century Parkway		
000 New Century Larkway		
City	State	Zip Code
New Century	KS	66031
5. Telephone Number	59,	
913.353.7388		
6. Email Address Paul N. Garner Canturalink and		
Paul.N.Cooper@centurylink.com Block 2: Certification		
The chief executive officer (CEO), chief financial officer (CFO), or other senior executive with		
first-hand knowledge of the accuracy and completeness of the information provided must certify		
as follows:		
I swear under penalty of perjury that:		
(i) I Paul Cooper, VP/GM (name and t		
provider and am authorized to submi	t the attached Annual Reports	on behalf of the
service provider;	D D 1.11	. 1 . 0
	I have examined the attached Annual Reporting Forms and all requested information	
has been provided; (iii) Based on information known to me, or	Based on information known to me, or provided to me by employees responsible for	
	the data being submitted, all statements of fact, as well as all data, are true and	
accurate; and	ints of fact, as well as all data, t	ire trac aria
(iv) The above-named service provider is in compliance with the Federal		
Communications Commission's rules governing inmate calling services (ICS). I		
acknowledge that failure to comply with the rules governing ICS may result in civil		
or criminal prosecution.		
9. Signature of Authorized Person	10. Date	
1 and 0 (8)	6/24/2013	
11. Printed name of Authorized Person		
Paul Cooper		